Multiple Sclerosis and the Labour Market in the Nordic Countries

Key Findings

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Multiple sclerosis (MS) is a chronic, progressive disease that impacts the central nervous system and functionality and thereby the ability to engage in the labour market. Therefore, people with MS have lower labour market attachment than the rest of the population.

MS is more common in the Nordic countries compared to the rest of the world. However, there is currently no overview of labour market attachment for people with MS across the Nordic countries. This report can be used by policymakers, interest organisations and researchers who want to know more about labour market attachment and working life of people with MS.

The report is based on knowledge from studies that focus on various measures of labour market participation for people with MS. The main themes of the report are labour market attachment, disability pension and sickness absence, income and productivity loss, and working life of people with MS.

Labour market attachment

Overall, the labour market attachment is lower for people with MS than for the rest of the population in the Nordic countries. 12 of the included studies report employment rates for people with MS. In 6 out of these studies across the Nordic countries, the reported employment rate is between 40% and 50%. 4 studies report rates between 30% and 40%, while 2 studies indicate employment rates exceeding 50%. The studies vary in for example methodology, data collection years and the age ranges of participants, but all studies show that the employment rates are significantly lower among people with MS than among the rest of the population.

Several studies find that employment rates tend to decrease with age and with severity of the disease. Across studies, the findings are that relapsing-remitting MS (RRMS) patients have the highest employment rates while patients with secondary progressive MS (SPMS) have the lowest. Also, higher levels of education are associated with higher employment rates.

Disability pension and sickness absence

Several studies conducted in Denmark, Finland and Sweden consistently find that the risk of disability pension and sickness absence increases with time after MS onset or with age. Accordingly, some studies reported that significant differences in sick leave or employment rates between people with and without MS can be found several years prior to MS diagnosis.

Other studies show that the risk of sickness absence and disability pension does not only increase as MS progresses. A few studies from Sweden find that some people with MS have the highest number of sickness absence or disability pension days around the time of diagnosis. This indicates that people with MS can re-enter into the labour market after some time away from work around the time of diagnosis.

Time from MS onset or from diagnosis to disability pension has been measured in several studies across the Nordic countries. The average time from MS onset to disability pension is calculated to be 13.5 years in Finland. The mean age of receiving disability pension among people with MS is calculated to be between 43 years (in Sweden) and 45 years (in Finland). A Danish study finds that earlier treatment delays the risk of disability pension. 10 years after onset, the risk of receiving a disability pension was 10% for people with MS who began treatment within 1 year, while the risk was 23% for people who started treatment within 4-8 years. This is in line with a Finnish study showing that the median time from diagnosis to disability pension has increased over the years, likely due to the evolved treatments such as disease-modifying therapies (DMTs) and rehabilitation.

The studies included in this literature review identify different characteristics that increase the risk of disability pension and sickness absence. Female gender, engagement in physical work, efferent onset symptoms and delayed treatment for RRMS are all characteristics that are associated with higher sickness absence and risk of disability pension.

Income and productivity losses

Since the employment rate is lower for people with MS, the income is also lower for this group compared to the rest of the population. However, some studies find that people with MS experience an income loss after diagnosis, while other studies find that income for people with MS is stable after diagnosis, while people without MS experience an increase in income.

Several studies investigate the total economic costs in society due to MS. The productivity losses due to MS are estimated to between 44% (in Finland) and 61% (in Norway). One of the studies finds that the productivity losses are not only due to decreased working ability among people with MS: In Finland, informal care provided by family and friends accounts for 13% of the total economic costs.

Working life and symptoms affecting working life

Several studies find that especially 'invisible symptoms' such as fatigue and cognitive difficulties impact working life of people with MS the most. As the modern labour market becomes more and more cognitively demanding, even mild cognitive symptoms can have a large impact on working life and working ability of people with MS.

One of the main concerns of people with MS in employment are the uncertainty related to disease progression and how this will affect their job situation over time. Therefore, they consider flexibility and open communication with employers very important.

Knowledge gaps

Based on this literature review, we have outlined some tentative knowledge gaps.

There are very few studies identified concerning job types or career changes among people with MS. We have found no research on working conditions, alternative employment arrangements and initiatives for retaining people with MS in the workforce. Accordingly, no effect studies evaluating the effectiveness of initiatives designed to maintain work participation for people with MS were identified. Additionally, while some qualitative studies touch on employer perceptions, no in-depth studies explore how these perceptions affect job barriers and opportunities for MS patients.

We found no research papers concerning MS and the labour market in Iceland and no cross-country comparisons within the Nordic region despite high MS prevalence. Finally, as there are rapid advancements in the treatment of MS, new research is essential to demonstrate how this affects labour market outcomes.

Facts about the literature review

This report is based on a literature search.

The literature search is planned and coordinated by VIVE but conducted by MS Societies from Denmark, Finland, Iceland, Norway and Sweden. The search consists of an exploratory literature search and snowball search in each of the Nordic languages and English.

Submitted literature is screened, examined and reported by VIVE.

In total, 28 relevant publications were identified: 12 from Denmark, 4 from Finland, 0 from Iceland, 4 from Norway and 8 from Sweden.

We have included studies from the Nordic countries that focus on various keywords related to the labour market. We have primarily included quantitative studies.

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